

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/1672438	FILING DATE			
						APPLICANT(S)				
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1	/						51			
2		/					52			
3		/					53			
4	/						54			
5		/					55			
6		/					56			
7		/					57			
8		/					58			
9		/					59			
10		/					60			
11		/					61			
12		/					62			
13	/						63			
14	5	/					64			
15	1	/					65			
16		/					66			
17		/					67			
18		/					68			
19		/					69			
20		/					70			
21		/					71			
22		/					72			
23		/					73			
24		/					74			
25		/					75			
26		/					76			
27		/					77			
28		/					78			
29		/					79			
30		/					80			
31		/					81			
32		/					82			
33		/					83			
34		/					84			
35		/					85			
36		/					86			
37		/					87			
38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	813						TOTAL IND.			
TOTAL DEP.	34						TOTAL DEP.			
TOTAL CLAIMS	37						TOTAL CLAIMS			